PLACE	OF	DEATH
County Ca	rro.	11

Tuberculosis Sanatorium Colored Branch Village or City Her

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 74

ryton (No.	(If death a hospital tion, give i		
ME Mattie Anderson	 stead of number.)	street	and

2FULL NAME Mattie Anderson	tion, give its NAME in- stead of street and number-)
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE	OF DEATH
Female Colored Single, Married (Write the word)  A color or RACE Single, Married (Widowed, Widowed, Widowed) (Month)	
Aug., 17, 1914, Jane, 16, 1979 that I last saw her alive on May,	tended the deceased from
7 AGE    If LESS than   and that death occurred on the date stated   lday hrs.   The CAUSE OF DEATH * was as follows:   or min.?	3 30D
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  8 OCCUPATION Pulmonary Tuberculos Pulmonary Tuberculos  Courstion) 2	.,
9 BIRTHPLACE (State or country) Tennessee  10 NAME OF FATHER Frances Storey (Signed) 5/9/31 192 (Address) Henry	Mileil, M. D.
OF FATHER  (State or country)  Tennessee  Violent Causes, etate (1) Means of In Accidental, Sulcidal or Homicidal.  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  (State or Country)  In the State of Country)  At place Of death Orac of deat	
(State or Country) Indiana  Where was disease contracted, ???????  (Informant)  (Address)  Where was disease contracted, ??????  Former or usual residence  Sykesville, Cultivated of Burial Or Removal	??
Filed 5/9/31 192 For Local Registrar 20 UNDERTAKER  If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.	ADDRESS Septemble S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Housemaid, etc. Foreman, or For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) At Home, and children, not gainfully em-For persons who have no occupation 6 If the occupation has been changed Automobile factory. The material Laborer-Salesman, -Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia," for the preumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be Whooping Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cau of importance were as follows:	ISES Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephrilis	-1921	Run over by street car	1 week ago
Cerebral hemorrhage	= 4 \ J.My 5, 1927	Peritonitis	3 days ago
	1 1011		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Way 1,1923	Gastroenteritis	1 year
Language of the second			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH County Carvall	CERTIFICATE OF DEATH
County Our June 2	Registration Dist. No. 70
Village or City No. Daneyouxo.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME TONS Lawred S. Be	steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 12, 1925 (Month) (Day) (Year)
6 DATE OF BIRTH	IT I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h salive on 1931,
7 AGE III LESS than	and that death occurred on the date stated above, at
58yrs. 1 mos. 10ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	<i>U</i>
(b) General nature of industry	(D.:.)
which employed or (employer)	Contributory Chresin Interactive Nephril
9 BIRTHPLACE (State or country) Carroll Co.,	Secondary (Durstion) LD yrs mos ds.
TO NAME OF STATE OF THE STATE O	(Signed) C Billinghlu M. D.
() 11 BIRTHPLACE	5/13 1923 1 (Address) With
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Marie Mayers	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mr. Henry M. Beckly.	Former or usual residence
(Address) Danytown ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed May 13, 181 May 6. Most Registrar	20 UNDERTAKER Dancy town M
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coat mine, eve. would en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer or given up on account of the DISEASE CAUSING DEATH For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day single word or term on The ques-

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,") ed term for the same disease. Examples: Cerebrospina EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis fever (the only definite synonym is "Epidemic cerebro time and causation), using always the same accept

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acidaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness, Chronic interstitial nephritis, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping cough; (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on -probably suicide. The nature of the injury, Chronic "etc., when a definite disease Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature Measles ;

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permanently filed.

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tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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or given up on account of the DISEASE CAUSING DEATH, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer ce state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. gaged in domestic service for wages, as Servant, Caok, ployed, as At school, or At home. Care should be taken laborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, r," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Doy (a) the kind of work and also (b) the Grocery;

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American Medical Association.) on statement of cause of death approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart discase; etc. The contributory not be

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PLACE OF DEATH	05685 STATE OF MARYLAND
County Carrall	CERTIFICATE OF DEATH
5, 11	Registration Dist. No. 74
Village or City yleswelle (No. 19) 2FULL NAME Catherine B	rungfield Olghe Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruiale While Single, Widowed, Watked	16 DATE OF DEATH , 193/
and all and the state of Birth and a state of Birth and Birth	17 I HEREBY CERTIFY, That I attended the deceased from Warch 27 1921 to Way 123 , 1921,
7 AGE  (Month) (Day) (Year)  7 If LESS than l day hrs. or min.?	and that death occurred on the data stated above, at 7 m.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Status Epilepiecus
business, or establishment in which employed or (employer)	(Duration) yre mos 49 has
9 BIRTHPLACE (State or country) Mid.	Contributory Gallysey in a  Secondary Off, (Duration) 29 via (7) mos
10 NAME OF Philip Friedel	(Signed) John L. William d. M. D.
S) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Dorothy Myers  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place Oyrs / mos. Hds. In the State H Jyrs & mos & ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Illustration if not at place of death?  Former or Sattrace — Make
(Address) Lylusville, Mile,	Studial Cere. May 4. 1931
Filed May 2 19231 CHarry Wen Registrar	20 UNDERTAKER Cook Ballo, Mul-
If more bianks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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1. PLACE OF

STATE OF MARYLANI	D-CERTIFICATE OF DEATH	05686
DEATH	Registration Dist. No.	
Jamber.	No. (If death occurred in a hospital or institution, give its NAME instead of	, , , , , , , , , , , , , , , , , , , ,
ence in city or flown where death occurred yrs.  Trancis M. Bo	mos. ds. How long in U.S. if of foreign birth? yrs.	
» No.	St Ward.	

County C Village or -Cit Length of reside 2. FULL NAN (a) Residence (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) named 5a. If married, widowed- or divorced HUSBAND of 22. ERTIFY, That I attended deceased from C (or) WEET ertificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the date stated above, at 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH related causes of importance or ..... rain. were as follows Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which back work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ S 10. Date deceased last worked at 11. Total time (years) On this occupation (month and spent in this occupation \_\_\_ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) CAUSE OF DEATH in plain many (State or country) What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_ be carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_ 16. BIRTHPLACE (cily or town) (State or country) Where did injury occur?\_\_\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. should is very (Address) 18. BURIAL, GREMATION Manner of injury WRITE mation LION Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED. (Address) ..... Registras If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of conset
Arteriosclerosis UN 4 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis  Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage 50 N. P.	July 5,1927	Perilonitis	3 days ago
The second secon			
	_ 00		
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1.4	.			05687 CTATE OF MADVIAND
(C) 10 X			PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
1		C	county Carroll.	(154)
M) >3			00 01	Registration Dist. No.
CTI		Villa	age or City Clear Kidge (No.	St.; Ward) (If death occurred in a hospital or institu-
EXA	f certificate.		FULL NAME Unnamed I	nfant. Bowers tlon, give its NAME instead of street and number.)
NT	erti	_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 9 9	N N	3 S		16 DATE OF DEATH May 16, 1931
ERM Pould	-	- D	(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased fro
10	0	6 D.	May 15, 931.	192 , to 192 , 192
IS A SE	struction		(Month) (Day) (Year)	that I last saw he realise on // Lay 1910
N 00 0	ruc	7 AC		and that death occurred on the date stated above, at 230 A.
THI THIS	inst		2 hrs.	The CAUSE OF DEATH 1/2 was as follows:
KT suppl	60		COUPATION	Premature Birth.
RVE G INI	t. S		) Trade, profession or Application of work	
R. D. D.	tan	b	) General nature of industry usiness, or establishment in	(Duration) yrs, mos, d
DIN care		-	hich employed or (employer)	Contributory Secondary
NFA NFA	_	0 17.	(State or country) Maryland.	(Duration)yrsmos
NID DIN	0		10 NAME OF FATHER	(Signed) H. J. Baez, M.
AR ITH Bho	(1)	S	jumes 1. Towers,	May 16, 197 31, (Address) Union Bridge, M.
M. Inon	0	RENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	State the Disease C sing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
rma	2.3	PAF	OF MOTHER Louise A. Poulson,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ents, or Recent Residents)
PLA f Info	0		13 BIRTHPLACE OF MOTHER (State or country) Maryland.	At place In the of death yrs. mos. ds. State,yrsmos. d
ITE	- C	14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
~ 0 0	0		(Informant) James Pearson Bowers	Former or usual residence
W W	statem		(Address) Ligger M. D.	19 PLACE OF BURIAL OR REMOVAL TE OF BURIAL
7 7 20	s to	15	(Address) Jenwood Mi	Ville Break and May 16, 1931
10 M		F	iled May 6 1923/ Losly 2 works	20 UNDERTAKER  ADDRESS  TO THE PROPERTY OF THE
» ż	=		/ Itegristor	11. I reager from Thurmot the
	- 11		ir more blanks are needed, address State Registrar,	16 W. Saratoga St., Malto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it whatever, write None. tired 6 wis.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of variou pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many eeeupations a single word or term on without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia").

quences (e.g., sepsis, tetanus) may be stated under the symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; ing ; peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." train-accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from ehildbirth or miscarriage as ean be ascertained as the cause. rhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Chronic interstitial nephritis, etc. The contributory ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely taken. For VICLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under "Uracmia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure," "Hacmorvulsious," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ..... (name origin; "Caneer" is less definite; avoid Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-"Puerferal septicaemia," "Puerferal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), (Recommendations on state Example: Measles (disease Always qualify all (second-(merely

If this certificate is 10-ked over thoroughly and all queetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is rermanently filed.

UREAU

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OF RACE MARRIED. 16 DATE OF DEATH WIDOWED OR DIVORCED (Write the word) may (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: THIS or min. OCCUPATION (a) Trade, profession or particular kind of work Ha pial (b) General nature of industry business, or establishment in 2 which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) OG 10 NAME OF 0 (Address) OF FATHER ENT Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME AR 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ 1 ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER State yrs mos ..... (State or country) TO Where was disease contracted, if not at place of dea.h?. CIANS sho Former or usual residence OR REMOVAL DATE OF BURIAL 26 UNDERTAKER ADDRESS Registrar If more blanks are needed, address tate Registrer, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from gaged in dome-tic service for wages, as Sevant, Cook, Housewald, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton will; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. busines. that fact may be indicated thus; Farmer (reor given up on account of the DISEA E CAUSING DEATH, to report specifically the occupations of persons endefinite salary, may be entered as Housewife, Houseetc., For many occupations a single word or term on especially in industrial employments, it is necesyrs . For persons who have no occupation without more precise specification as Salesman. 6) also (b) the Grocery; Day

Statement of Cause of Death—Name, first, the bis Ea. 27 viving DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebrosphial meningitis"; Dephlloria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, "Fronchopneumonia" ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepeis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) affection need Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valerular Nomenclature of the Always qualify all heart was undernot be disease;

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Statement of Cause of Death—Name, first, the DISABASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Curebrospinal editor (the only definite synonym is "Epidemic cerebrosianal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Preumonia"); Lokar praesmonia, Bronchopneumonia ("Pneumonia");

inges, perdonaeum, etc., Carcinoma, Sorcona, etc., of . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" stated urless important. Example: Measles (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough "Debility" ("Congenital," "Senile," ctc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), "Inanition," "Marasmus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "PUERPERAL septionemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia, as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases or as probably such, if impossible to determine definitely. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway twoincarbolic acid-probably suicide. The nature of the injury, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as " "Weakness," etc., when a definite disease for malignant neoplasms); Meusles; Chronic etc. The contributory valirular heart disease; (discase

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1	- 8	Ų.J		3

PLACE OF DEATH STATE OF MARYLAND County Carroll CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium Registration Dist. No. Colored Branch Village or City Henryton, Md. (No. (If death occurred in a hospital or institu-St.: Ward) tion, give its NAME in-Flora Burley number.) PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 16 DATE OF DEATHMAY 26, 1931 WIDOWED. OR DIVORCED Female Colored (Month) .....(Day) HEREBY CERTIFY, That I attended the deceased from 5/26/31 6 DATE OF BIRTH Jan., 3, 1899 that I last eaw h er alive on May 26, 1931 (Day) (Year) and that death occurred on the date stated above, at 2.00 AM 7 AGE IlfLESS than I day hrs. 23 The CAUSE OF DEATH \* was as follows: Pulmonary Tuberculosis B OCCUPATION (a) Trade, profession or Housewife particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) .... Contributory 9 BIRTHPLACE Secondary (State or country) Maryland 10 NAME OF John Woods FATHER 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, In deeths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Maryland (State or country) 12 MAIDEN NAME Erinstine Green OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transiente or Recent Residente) 13 BIRTHPLACE In the 32 4 mas 23 de OF MOTHER Maryland (State or Country) Where was disease contracte Baltimore, Md. if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF ANY KNOWLEDGE 1148 Vincent St. Balto., Md (Informant) DATE OF BURIAL

Deputy Local Registrar Charles J. Charles 63

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related cau of importance were as follows:	ises Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	(3) 1 × 1
	County Carroll	Registration Dist. No.
	Village or City Sy kesvelle	NDS pring field State Hospital Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
		s. / ds. How long in U.S. if of foreign birth?yrsmos,ds.
2	. FULL NAME George a. Carr	
	(a) Residence: No. 915 & Biddle (Usual place of abode)	St., Ward. Baltimond - Mod.  If nonresident give city or lown and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Manuel Married	21. DATE OF DEATH They 26 (Day) (Year)
5a.	if married, widowed, or divorced HUSBAND of (or) WIFE of Catherne Marden Name turknown	1 HEREBY CERTIFY. That I attended deceased from Liptember 23, 1924, to May 24th, 1931
	DATE OF BIRTH (month, day, and year) May 11- 185-4	liast saw hum elive on man 25t 1981; death is said
-	AGE Years Months Pays If LESS than	to have occurred on the date stated above, at 1.2. 1.5.4.m.
	77 - 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
NOIL	8. Trade, profession, or particular kind of work done, as SPINNER, Packer SAWYER, BDOKKEEPER, etc.	Cerebral arterios clerosis 1928
CUPATION	9. Industry or business in which work was done, as SILK MILL, Penna, R. R. Co.	
20	10. Date deceased last worked at this occupation (month and unknown spent in this unknown year)	<u> </u>
12.	BIRTHPLACE (city or town) Narford Co. (State or country)	Dther Coutributory Causes of importance:  - Chronic Interntitual Tuphritis 1928
2	13. NAME Hylliam Carr	July muramar rapymus 1920
FATHER	14. BIRTHPLACE (city or town) whenover (State or country)	Name of operation 72371 Dale of
02	7 () (	What test confirmed diagnosis Thyrical & Luboratory Was there an autopsy? No
15. MAIDEN NAME Many Bayless  16. BIRTHPLACE (city or town) Linduran  (State or country) Made.		23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17.	INFORMANT Througher I tate Hopital (Records) (Address) So preserve, ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place fas Md. Date May 28, 193	Manner of injury
19, UNDERTAKER Rita Weidefeld (Address) Baltimore Md.		24. Was disease or injury in any way related to occupation of deceased?
20.	FILED May 27, 1931 CHarry Steer Registrar.	(Signed) for Norfolk Mosses M.D. (Address) (S.S.M) by heavelle, Ind.
	If more blanks are needed address State Registrar	2422 N. Charles Street Relimore Perustens 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Lug .	Example II	- M
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN A 1631	1921	Run over by street ear	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	5	STATE C	OF MARY	YLAND-	CERTIFICATE OF DEATH	5693
1. PL/	CE OF DE	ATH			(131)	71/
Cor	inty Cav	we			Registration Dist. No.	17
Vill	age or City	lykesvill	ı		No. Springfula State Nopulal St., feeath occurred in a hospital or institution, give its NAME instead of street an	Ward
Len	gth of residence in	city or town where	deeth occurred	yrs 55 mos	. 14 ds. How long in U.S. If of foreign birth?yrs.	
2. FUI	L NAME	Robert	Clarke			
	Residence: No.	syk	(Usual place of		St., Ward. Cansu Co. Md  If nonresident give city or town n	nd State
PE	RSONAL A	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	ale &	blute		RIED, WIDOWED, (write the word) (www.d	21. DATE OF DEATH may 3 mg (Month) (Day)	, 193 / · · · · (Year)
HUSB	ed, widowed, or d AND of IFE of	blam	a Clar	ke	22. I HEREBY CERTIFY. That I attend nonumber 17: 1930, to Man 3 rd	ed deceesed from
6. DATE O	F BIRTH (month,	day, end year) Ir	me 284	1857.	I last sew harm alive on may 32 193	, death is said
7. AGE	Years	Months	Deys	If LESS than	to have occurred on the date staled above, at 1.15 P.m.	
	73	10	9	l day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:	Date of onset
8. Tr	de, profession, or kind of work don	particuler ne, as SPINNER. 7	ahanes end	Mulk Wagon	•	
9. Inc	ustry or business	in which	gring		Cerebral arterioclesses	Dec
J. I.	work wes done, a SAW MILL, BANK	IS SILK MILL, K, etc.			Commence	1925
10. Da		worked at Dec	11. Total tip	me (years) 47 tin this years		
J	yeer)	197	OCSU.	pationgeans	Other Contributory Causes of importance:	- * -
	LACE (city or tow	n) Syphes	rele			sec.
	ate or country)	- 0 00	md.		Chrome Interetitial replientes and	1925
I -	ME Ruber	IR. Cla	rke		Mithal Regursitation	
	THPLACE (city or	town)	Mand		Neme of operation	
-	(Stete or country	4 4 04			What test confirmed diagnosis Physicals Laboratory Was there a	n autopsy? No
15. MA	IDEN NAME	eliza VI	orell		23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:
15. MA	THPLACE (city or	town)	and:		Accident, suicide, or homicide? Date of injury	, 19
17. INFORM		freed State To			Where did Injury occur?  (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	late) PLACE.
	dress) CREMATION OF	REMOVAD	Date Ma	45,1031	Manner of injury	
19. UNDER		el Ale	ne Du	e, id:	24. Was disease or injury in any way retated to occupation of deceased?  If so, specify	
20 FILED	May 4	,19312	Harry	Meel Registrar.	(Signed) John Nonfolk Morris (Address) (S.S.N.) Systemelle, Md.	

MARGIN RESERVED FOR BINDING

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Example I		Example II	
The principal cause of death and related can of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	٧. ١		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g.. Farmer or Plumler, additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-(1) Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (a) ('iril engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-OM Physician, Compositor, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on d on may form part of the second statement. or At Home, and children, not gainfully emyrs). stationary freman, etc. But in many For persons who have no occupation (b) Automobile factory. The (b) The quesmaterial Grocery;

s inal meningitis"); Diphtheria (avoid use of "('roup ed term for the same disease. Examples: Cordrospinal to time and eausation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Lotur Typhoid fever (never report "Typhoid Pneumonia" the only definite synonym is "Epidemie eerebropuerunana, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease inges, perilonaeum, etc., diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionities," etc. "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Whooping lclanus) may be stated under the head of "contributory." State cause for which surgical operation was undercan be ascertained as the cause. "Uruemia," "Wcakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic Carcinoma, Sarcoma,, etc., of valvular heart etc. Nomenclature The Always qualify all contributory Meusles discuse; not be

If this cerumence answered in detail, it will prevent further correspondence. As the answered in detail, it will prevent further correspondence in data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions



V. S. No. 1

M	)	Y, PHYSI-
U.Z	PERM ENT ECORD	CE should be stated EXACTLY, PHYSI- that it may be premerly classified. Exact
R BINDING	PERM	should tit may
œ	A	CE

PLACE OF DEATH	05695 STATE OF MARYLAND
County Garroll	CERTIFICATE OF DEATH
	Registration Dist. No. 74
Village or City Comele (No.	St: Ward) (If death occurred a hospital or institution, give its NAME I stead of street are
2FULL NAME Posses	over stead of street ar
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH  200. = 13 = 1917	16 DATE OF DEATH  192  17 I HEREBY CERTIFY, That I attended the deceased from the second seco
(Month) (Day) (Year)	that I last saw h ly alive on Opene 38 th, 1933.
7 AGE    If LESS than   I day hrs.   1 day hrs.   or min.	and that death occurred on the date stated above, at / 1450', no The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	Pentonitis
business, or establishment in which employed or (employer)	(Duration) yrs. mos. d
9 BIRTHPLACE (State or country) Many land,	Contributory Secondary (Duration) vis & mos d
10 NAME OF anches les foral.	(Signed) W. Frank Sucar M. I
OF FATHER  (State or country)  Maryland.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Geneva Jassaway,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Manyland.	At place of deathyrsmosds. In the Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs. anchawlenforal, (Address) Sykessille Med.	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL  10 PLACE
15 Filed May 7 1931 Chary Heer Registrar	20 UNDERTAKER ADDRESS ADDRESS Mary 1931
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully-employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a er," etc., report specifically the occupations of persons en Foreman, icim, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature of the tctanus) may be stated under the head of "contributory." carbolic acid-probably suicidc. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condicough; Chronic affection need etc. valvular heart The contributory Always qualify all disease; not be

If this certificate is looked over thoroughly and all quistions -answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05696
1. PLACE OF DEATH	23
County Carroll	Registration Dist. No.
Village of Moodbine R.f. D.	NoSt.,Ward
Length of residence in city or town where death occurred 20 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Olsie & leastley	
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May = 8 = 193/ (Month) / (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1910 - 7 - 16	I last saw h la alive on May 2 ,193 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7/30 alm.
20 9 22 1 day, hrs. or rain.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of onset
SAWYER, BOOKKEEPER, etc	futuround by
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	- Train
10. Date deceased last worked at this occupation (month and year)	JAAtaluture 72
12. BIRTHPLACE (city or town) leanfale la.	Other Coutributory Causes of importance:
(State or country) Mary faced,	
13. NAME Co. Leastfey 14. BIRTHPLACE (city or town) - 3	
14. BIRTHPLACE (city or town) - 9. (State or country)	Name ef operation
15. MAIDEN NAME Hearry B. Dotson,	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cleanor B. Lotson,  16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
(State or country) Maryland,	Where did injury occur?
17. INFORMANT CO. a. Coodley, (Address) S. F. D. Moodbud Ind.	(Specify city or town, eounty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placetanous CeculyBate May 10-19-31.	Nature of injury
19. UNDERTAKER 6. M. Matts;	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hinfield Fred,	If so, specify
20. FILED May 9 1931 Elua M. Hewell	(Signed) M. M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis!	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No.

. 193

(Year)

Date of enset

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	Example I		Example II	
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Chronic interstitial neph	rilis _	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	The same of the sa			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
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STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE 5 SINGLE. 3 SEX 6 DATE OF DEATH WIDOWED, OR DIVORGED ay (Write the word) I HEREBY CERTIFY That I attended the deceased from //. to .... (Month) (Day) and that death occured on the date stated above, at . ] 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH \* was as follows: ds. or / min.? 8 OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry 0 5 business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 198 (Address) ... (A 11 BIRTHPLACE RENTS OF FATHER state CAUS \*State the Disease Causing Death, or, in (State or country) Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death State .... yrs ..... mos ... (State or country) 00 Where was disease contracted, E P 14 THE ABOVE IS TOUTE TO THE BEST OF MY if not at place of death? .... 0 Former or usual residence. Every CIAN: Stater If more blanks are needed, address State Registrar, 16 W. Saratoga St/Balto., Requesting V. S. No. 1.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation -- Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer would on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Ciril engineer, Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tived 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Former (rereport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Compositor, Architect, Stationary fireman, etc. Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebros final fever (the only definite synonym is "Epidemic cereprosimal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia");

use of "Tumor" inges, perilonacum, etc., Carcinoma, Sarcona,, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, tetimus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilondis," etc. can be ascertained as the cause. Always qualify all " Uraemia, Chronic interstitial nephritis, carbolic acid-probably suicide. The niture of the injury, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on Examples: Accidental drowning; Struck by railway twin American Medical Association. (Recommendations on statement of cause of .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; " "Weakness, for malignant neopiasins); Chronic ," etc., when a definite disease Example: Measles (disease valeular heart etc. The contributory Nomenclature " "Convulsions," Measles; not be discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

JUN 6 PE

PHYSI-	PLACE OF DEATH County Course	05699 STATE OF MARYLAND CERTIFICATE OF DEATH
T CORD tated EXACTLY, reperly classified certificate.	Village or City Ridgeville.  2FULL NAME Millard Da	St.: Ward)  A hospital or institution, give its NAME in stend of street and number.)
WRITE PLACELY, WITH UNFADING INKTHIS IS A PERMANENT CARRY Item of information should be carefully supplied. ACE should be stated CIANS should state CAUSE CF EEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certif	PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED OR DIVORCET (Write the word)  6 DATE OF BIRTH  Od. 22, 1893  (Month)  (Day)  7 AGE  3 (Month)  (Day)  (Month)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  17 I HEREBY CERTIFY, That I attended the deceased from  192 to 192  that I last saw h realive on A 192  and that death occurred on the date stated above, at 192  and that death occurred on the date stated above, at 192  and that death occurred on the date stated above, at 192  and that death occurred on the date stated above, at 192  and that death occurred on the date stated above, at 192  and that death occurred on the date stated above, at 192  and that death occurred on the date stated above, at 192  and that death occurred on the date stated above, at 192  and that death occurred on the date stated above, at 192  and that death occurred on the date stated above, at 192  and that death occurred on the date stated above, at 192  and that death occurred on 192  and that
n ż	If more b.anks are needed, addre.s : tate segistfa	ir, 16 W. Saratoga St., Balto., Lequesting V. S.J.47.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to c ch and every person, irrespective ci Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womtired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poiso diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valvular heart The contributory disease;

If this certificate is looked over the oughly and all questions answered in detail, it will prevent further correspondence. All the data is essentially id must be obtained before the certificate is permanently flied.



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(Approved by U. S. Census and American Public Health Association.)

er," etc., without niore process. Taborer, Eaborer, Laborer, Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of For many occupations a single word or term on yrs. For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroquinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature (Recommendations on statement of cause of death telimus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonihis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (mcrely symptom-Chronic interstitial nephritis, (secondary "Atrophy," "Collapse, Never report mere symptoms or terminal condicough; or intercurrent) Chronic valvular heart disease, Example: Measles (disease ," "Come," "Convulsions, affection need etc. The contributory not be " etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimbre, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attock of epilepsy	1 week ago
1921	Run over by street car	1 week ago
Adj 5,1927	Peritonitis	3 days ago
PA	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Alg5,1927	The principal cause of death and related causes of importance were as follows:  Attock of epilepsy  1921 Run over by street car  Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. S. No. 1

5 I A I E OF MARYLAND—	CERTIFICATE OF DEATH 05702
1 00	28
County Court of	Registration Dist. No. 7
	A. Nollin Standson, Mark is NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME JOSEPhine Olque	2,
(a) Residence: No. / (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEK  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Year)  (Year)
5a. H married, wildowed, or divorced HUSBAND of (or) WIFE OF Midows of Seo. F. Elgin,	22. I HEREBY CERTIFY. That I attended deceased from  -786, 193/ to May 18 193/
6. DATE OF BIRTH (month, day, and year) 1855-10-17	Hast saw h 2 alive on may 5th 193/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2,30 P'm.
7 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Chronic Valoulon Heart Date of onset
kind of work done, as SPINNER, at home SAWYER, BOOKKEEPER, etc.	discone
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	· · · · · · · · · · · · · · · · · · ·
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Wars level,	
13. NAME Leonard Belt,	
II I I I I I I I I I I I I I I I I I I	
14. BIRTHPLACE (city or town) Manslend, (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
#	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANTMS. Chas. Spanell, (Address) P. F. D. New Hindson Hed.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bethany Central May 20, 1931	Nature of injury
19. UNDERTAKER 6. M. Malty, (Address) Windleld and,	24. Was disease or injury In any way related to occupation of deceased?
20. FILED May 19, 1931 E. M Farver Registrar.	(Signed) L. C. Olitaly M. D.  (Address) New Windson My.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

, I	Example I		Example II	
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUL 5 7031	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RIREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 05703
1. PLACE OF DEATH	(T)
County Carroll	Registration Dist. No. 7.5
Village or City Man Biples Shurch	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long lo U.S. if of foreign blrth?yrsmosds.
2. FULL NAME (Place E, The	eser
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of abraham M. Leeser	22. I HEREBY CERTIFY, That I ettended deceased from
1 DITT OF THE STATE OF 1614	I last saw her alive on may 14 1931 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the date stated above, at . G. P. m.
66 6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or partiauter	Paralysis Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc.	were f
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANN, etc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Courterers of Importance.
(State or country) Maryland	
13. NAME Jasefull Tyrry  14. BIRTHPLACE (city or town) Meriumph  (State or country)	
14, BIRTHPLACE (city or town) milenum	Name of operation Dete of
( Court of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carline Baum  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State er country) Manfland	Where did injury occur?
17. INFORMANT Q: Alesses Medical Surface Surfa	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dyllus Date MOY / 7, 193/	Nature of Injury
19. UNDERTAKER LOCAL Winks Saw	24. Was disease or injury In any way related to occupation of deceased?
(Address)/ Manchester, MA	If so, specify
May 16 31 Min Dr R & Dagger	(Signed) R. F. Wells M. D.
20. FILED 1/109/10 , 193/ 1/103 - 07 - 07 - 0 - NOVINGE	(Address) manskester

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	Distriction of the last of the
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
Arteriosclerosis	1915	Attack of epilepsy	1-week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
O contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
hear i	Registration Dist. No. 80
Village or City New Wonds (No. 70	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Jesse la Tlu	kenge stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, WIDOWED, ON DIVORCED (Write the word)	16 DATE OF DEATH MAY 3/93/, 192 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 19 , 1856 (Year)	192 . to, 192, that I last saw Halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
l dayhrs.	The CAUSE OF DEATH * was as follows;
74 yrsmoads. ormin.?	Irom self-infleded que são
(a) Trade, profession or Relaid Coaspenter	wound in left chest
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yre,moede,
9 BIRTHPLACE (State or country) MODES OF THE	Contributory Secondary
10 NAME OF	Duration) yrs
FATHER Leskey Hlickmyer	May H 192/ (Address) NewWorlder his
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Gilea Craumer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Marylems	At place of deathyrsmosds, In the Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
(Informant) Hollie Fritz	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) hew winder md	Green wood chiles may 5. 10 31
Filed My 3 1923 Amerika & Graf. Registrar	HB ankard 4500 Westminater
If more bianks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

m570.1

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housetired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Fareman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (6) Grocery;

Stytement of Cause of Death—Name, first, the present of Using Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis, "E:haustion," "Heart failure," "Liaemorrhage, "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Mcasles (disease " "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE 4 COLOR OR RACE 16 DATE OF DEATH & MARRIED WIDOWED. OR DIVORCED (Write the word) (Month) (Year) 6 DATE OF BIRTH HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: RESERVED ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF **FATHER** II BIRTHPLACÉ .. 1944\_ (Address) 2. 5. 64 OF FATHER \*State the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients or Recent Residents) 13 BIRTHPLACE OF MOTHER At place of death .M. (State or Country) Where was disease contracted, if not at place of death?.... Former or Informan ACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS Registrar more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emlaborer, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary freman, etc. But in many tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman, person, irrespective of (b)

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" can be ascertained as the cause. Always qualify all "Exhaustion, "Debility" ("Congenital," (secondary or intercurrent) Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee cough; 9 9 ongenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, for malignant neoplasms); Measles; Chronic affection need not be etc. The contributory valvular heart Nomenclature of the

American Medical Association.

If this certificate is looked over throug answered in detail it ill prevent further condata is essential and must in obtained a permanent filed roughly and a'l questions fore the certificate is

12 MAIDEN NAME

(State or Country)

(Address)

OF MOTHER 13 BIRTHPLACE OF MOTHER

0.

	PLAC	E OF DEATH		05.00	STATE C
M	County O	arroll		(46)	CERTIFIC. Registra
CORD	200	Tane ytown	(No		St.:V
ŏ i	and the	ULL NAME Cher ]	les A. Foreman	***************************************	
E	PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDIC	AL CERTIFICA
e Z	do N	4 COLOR OR RACE White	SSINGLE, MARRIED, Married WIDOWED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH	Susy (Month)
FOR BINI S IS A PERI d. ACE should so that it m	± 0	June (Month)	16 ,1868 ) (Day) (Year)		CERTIFY, That
	7 AGE	62 yrs. 10		The CAUSE OF DEAT	
ESER!	(a) Trade, particular ki	Note of the state	ired farmer	Carcinon	Haration)
MARGIN RE	9 BIRTHPLAC	E Carroll		Contributory Secondary	(Durstion)
	FATHEI  O m  O T  OF FAT	R David Fore	man	(Signed)	(Address)

Ellen Shoemaker

Tameytown, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Chas. A. For e man

Md.

OF MARYLAND ATE OF DEATH

tion Dist. No. 70

Ward) (If death occurred in a hospital or institu-tion, give its NAME in-steed of street and number.)

MEDICAL CERTIF	FICATE OF DEATH
	onth) (Year) (Year) That I attended the decessed from
that I last saw h have alive on and that dooth occurred on the d	late stated above, at m.
The CAUSE OF DEATH * was as f	
Contributory Secondory (Dura	
Accidental, Suicidal or Homicidal.	ans of Injury and (2) Whether
18 LENGTH OF RESIDENCE (Fients or Recent Residents)	or Hospitals, Institutions, Trans-
At place of deathyrsmosds. Where was disease contracted, if not at place of death?	In the Stateyrsmosds.

19 PLACE OF BURIAL OR REMOVAL Reformed Tane vtown

20 UNDERTAKER

C.O.FUSS & SON

Taney town . MD

ADDRESS

DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Form loborer, Laborer-Cool mine, etc. Womwithout more precise specification as Doy For persons who have no occupation nipositor, Architect, Locomotive engineer, Stationory fireman, etc. But in many (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to thme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> corbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, Lelanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping (Recommendations on statement of cause of death taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mcre symptoms or terminal condicough; Chronic Example: Measles (disease affection need etc. The contributory valvular heart diseose; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N.B. Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LN A PERM WITH UNFADING INK--THIS IS WRITE PL

BINDING

FOR

MARGIN RESERVED

S. No.

PLACE OF DEATH	05707 STATE OF MARYLAND
County Carrot	CERTIFICATE OF DEATH
pear of L	Registration Dist. No.
Village or City (No	St.: Ward) (If death occurred in
2FULL NAME Serma Frishy	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Timele 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 5 - 18 , 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 5-12-31 192 to 5-31, 192 192
(Month) (Day) (Year)	that I last saw har alive on 3-67-8/192,
7 AGE  If LESS than I day	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Oranston bolk
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosZds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Jus Fristy	(Signed) (Address) Wishing M. D.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Anna Summer	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Just Frisky	Former or usual residence
(Address) Wishing stord	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 5// 1928/ Lacoode Registrar	When Indly Williams
If more banks are needed, address State Registrate	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

05707

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant Cook, Housemuid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it sary to know Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day of Occupation-Precise statement of oc-For persons who have no occupation Stationary fireman, etc. (a) the kind of work and also (b) the But in many Grocery;

Statement of Cause of Death—Name, first, the DYSE TAXES COUNTY DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilleria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." answered in detail, it will prevent further correspondence. All the American Medical Association.) Dapproved by Committee on carpolic acid-probably suicide. The n-ture of the injury, (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all qu stions "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. The valvular heart disease; Nomenclature of the contributory not be

PLACE, OF DEATH	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
County	
	Registration Dist. No.
Village or City Ogunstead (No.	St.: Ward) (If death occurred in
and the state of t	tion, give its NAME in-
2 FULL NAME Mary 7 Trots	stead of street and number.)
- OLL WAND	7
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH
I wile or DIVORCEURGE	taufolead na., 1001
(Write the word)	(Month) 30 (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
1/,30,1930	May 30, 1981 to May 30, , 1981,
(Month) (Day) (Year)	that I land of the white the dead , 102 ,
7 AGE   If LESS than	and that death occurred on the date stated above, Wet b. Comm.
.   1 dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. 6 mos. — ds. or min.?	Museles
BOCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	***************************************
business, or establishment in	(Duration) yrs mos3ds.
which employed or (employer)	Contributory January Will Probable
9 BIRTHPLACE (State or country)	Secondary
Marylund	(Duration) (Duration) ds.
10 NAME OF FATHER	(Signed) Chaul M. Dusty M. D.
Cagas Voroga.	5/30 / 1931 (Address) Hamboliade Md
U II BIRTHPLACE	
Z (State or country) Havefolded M.	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
E 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER Holen Mark	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER 7	At place In the State yrs mos ds.
(State or Country) Hampslead Md.	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
no al la	Former or usual residence
(Informant) Mrs. Edgar Irvag	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Handelsoleal this	Hampstead Md May 31, 1931
15 5 1 - 21 1 1 1 1 1 1	ZO UN DERTAKER ADDRESS Y
Filed 5 - 30 1931 Janua Lanker	Eder Ofiplan Hampstons
If more banks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housewhatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many or given up on account of the DISEASE CAUSING DEATH. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, For many occupations a single word or term on . STE. Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed not gainfully em-(6) Grocery, Wom-

Statement of Cause of Death—Name, first, the Distance of Course of Death—Name, first, the Distance of Course of Cause of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be ass important. Example: Mcasles (disease Chronic valvular heart disease; etc. The contributory

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	PERMAN	should be it may be	3
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アストロリ	NKTHI	y supplie	ē
MANGIN RESERVED TOR BINDING	FADING II	be carefull EATH in plin pline	0
	WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMARENT CORD	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	PARENTS
	ITE PL	em of in should s	14
	WR	BEvery It CIANS	15
1	,	Z	

PLACE OF DEATH County Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH
Maryland Tuberculosi Village or CityHenryton, Md (No. Colored B.	s Sanatorium Registration Dist. No. 74
2FULL NAME Lester Gross	St.: Ward)  (If death occurred is a hospital or institution, give its NAME in stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Single WIDOWED. Male Colored (Write the word)	16 DATE OF DEATH May, 25, 1931 , 192 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attanded the deceased from
Feb., 12, 1912 , 1	May 1, 1931 192 May 25, 1931, 192 that I last saw h im alive on May 25, 1931 192
(Month) (Dsy) (Yesr)  7 AGE    If LESS than   I day   hrs.	and that death occurred on the data stated above, at 1.50 Am The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Pulmonary Tuberculosis  (Durstion) O yrs 10 mos 0 ds
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  Duration)  To you are the secondary
10 NAME OF Edward Gross	(Signed) M. D. D. M. D. S/25/31,92 (Address) Henryton, Md.
OF FATHER (State or country) Virginia  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Novella Ross	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Virginia	ients or Recent Residants)  At place O yrs. O mos. 25 ds. In the State 19 yrs. 3 mos. 13 ds  Whera was disease contracted, ??????
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deathy
(Informant) Mul Continue.	Former or 2128 Division St., Balto., Mousual residence
(Address) Hymnet Teed	M. Auhury 6 Gu, Mese, 27, 1931
Filed 5/25/31 192 Deputy Local Registrar	17. E. Rebroy 303 Resilma
If more bunks are needed, address State Ragistran	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

 $\alpha = 0.0$ 

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., Spinner, nature of the husiness or industry, and therefore an Civil engincer, the first line will be sufficient, e.g., Farmer or Planter; whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Fambel (regaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physicum, or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, Farnt laborer, Laborer-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Compositor, Architect, Locomotive Stationary fireman, etc. But in many For persons who have no occupation -Coal minc, etc. not gainfully emengineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros and fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL scpticacmia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be attack unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic etc. The contributory valvular heart Nomenclature Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

		PHYSI- Exact
DING	RM, WENT ECORD	ion should be carefully supplied. ACE should be stated EXACTLY, PHYSI-AUSE OF DEATH in plain terms so that it may be properly classified. Exact ION is very important. See instructions on back of certificate.
OR BIT	S A PE	ACE shot it
MARGIN RESERVED FOR BINDING	WITH UNFADING INKTHIS IS A PERM. ENT ECORD	EATH in plain terms so
MAR	WITH UNI	AUSE OF DI

PLACE OF DEATH County Carroll	1072a	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Sykuville (No. C	Spring file State	(If death occurred a hospital or inst tion, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTIC	CULARS M	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORC (Write the wo	ED	May 1. 193/
6 DATE OF BIRTH  (Month) (Day)	1876 april	IEREBY CERTIFY, That I attended the deceased from 193/
5 4 yrs. Muh mos. Und	I day bre The CAUSE OF	h occurred on the date stated above, at // FDEATH * was as follows:
(a) Trade, profession or particular kind of work	Contributor	
OF FATHER  OF FATHER  OF FATHER  (State or country)	(Signed)	the Disease Causing Death, or, in deaths from uses, state (1) Means of Injury and (2) Whether Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	18 LENGTH Control of death	of RESIDENCE (For Hospitals, Institutions, Tracent Residents) In the State Tyrs
(Informant) S. S. Hosp. Merora	1	burial or removal Date of Burial
	19 PLACE OF	

05710

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a dcfinite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1 PLACE OF PEARW	OF WA	KILAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	0 -		(131)	16
County Carrol			Registration Dist. No.	7
Village or City Lyke	sville		No. Shringfield state Hospital St., f death occurred in a pospital or institution, give its NAME instead of street and r	Ward
Length of residence In city or town v	where death occurred_	3 vrs // mos	s. S. ds. How long in U.S. if of foreign birth? yrs. metal of street and r	
2. FULL NAME Will				
(a) Residence: No. 2330			St Ward Baltimone Md	
(a) Residence: No. 23 0 C		ace of abode)	St., Ward. Saumone of the St., If nonresident give city or town and	State
PERSONAL AND STAT	ISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAC	OR DIVOR	ARRIED, WIDOWED. CED (write the word) down d.	21. DATE OF DEATH may 304	, 193_/
5a. If merried, widowed, or divorced	1 -11	aow.	(Month) (Day)	(Year)
	ukurwa.		22. 1 HEREBY CERTIFY, That I attended	· ·
6. DATE OF BIRTH (month, day, and year)	February 1	2# 1876	, 192	; death is said
7. AGE Years Mont		If LESS than	to have occurred on the date stated above, at 1.15 P. m.	
55 3	18	1 day,his.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNE	· L			Date of onset
SAWYER, BOOKKEEPER, etc			Chromo Interstitual rephretis	1924
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Postal Teligra	the Company.		
10. Oate deceased last worked at	me 11. Tota	ol time (years) 18		******
year)	1926	eaupetion	Other County of	
	whown		Other Contributory Causes of importance:	
(State or country)	ward Cv.	ma	Chromo Myocarditis	1927
13. NAME William J	Laines			
14. BIRTHPLACE (city or town)	nhum.		Name of operation None Date of	-
(State or country)	md		What test confirmed diegnosis? Tabanaton & Physical Was there an a	utopsy? No
15. MAIOEN NAME	2 www		23. If death wes due to external causes (VIOLENCE) fill in also the following	:
	huknown	·	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)			Where did injury occur?	
17. INFORMANT Springfuld star		Records)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ICE.
(Address) Ly heart 18. BURIAL, CREMATION, OR REMOVAL	ch md.			
Place tohum Ellic	Date San	a 3 193/	Manner of injury	
W.	11/1/2-	1-10	ixacute of injury	w
19. UNDERTAKER V (Addiess) 4/0/	mode	2/Ce	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILEO May 301931	Honey	Meess Registrar.	(Signed) John Norfolk Morris (Address) (S. S.N.) Dy klavelle Md.	M. D.
If	more blanks are needed	d, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927 Nay 1,1923	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

	Cour	PLACE OF DEATH  Carroll  Age or City Cleria  PROBLEM OF THE Sarah Sherr	State of Maryland CERTIFICATE OF DEATH  Registration Dist. No. 75  St; Ward)  [If death occurred in a hespital or institution, give its NAME instead of street and number.]
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
certificate.	7 SE	nale Write WARRIED (Write the word)	16 DATE OF DEATH  May 35 th  (Day)  (Year)  17 JI HEREBY CERTIFY, That I attended deceased from  18 1 to May 3 1951
erti		Month (Month) (Day) , 1 (Year)	that I last saw havalive on May 30 101/
back of c	7 AG		and that death occurred on the date stated above, at
uctions on	pa (b	CCUPATION 1) Trade, profession, or House House 1) General nature of Industry siness, or establishment in 11th employed (or employer)	(Duration) yrs, mes, ds,
e instruct		IRTHPLACE (State or country)  Perma	Contributory Carenous g
important. Se	RENTS	10 NAME OF FATHER CONDUMNAN. Hetrich  11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME (	(Signed)
is very	PA	13 BIRTHPLACE OF MOTHER (State or country) Penna	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of dasth
CCUPALION	14 TI	(Informant) The BEST OF MY KNOWLEDGE	Whars was disease contracted; If not at placs of death?  Former or usual residence
0000	16 FB(	ed May 31 5 1931 Mrs Jr. R.S. Denner REGISTRAN	Alling Hors Co Pa. 6/2. 1981.  20 UNDERTREE BERGMAN HANDLESTER
-		If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoonly when needed. As examples: is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. business or industry, and therefore an additional line business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons write Nonc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part At home. Care should be (a) Spinner, (b) Collon If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, neninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

"Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, ete., Carcinoma, Sarcoma. etc., of..... "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" genital," "Senile," etc.), "Dropsy," "Exh symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths birth or miscarriage as "Puendenal septichaemia," "Puendenal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "H: emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck state MEANS OF INJURY and qualify as eause. Always qualify all diseases resulting from childby railway train-accident; Revolver wound The contributory (secondary or intercur-"Atrophy," "Exhaustion," ACCIDENTAL, ("Con-

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CEIVEL N 4 1931

V. 8. No. 1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	713
	County Carroll	Registration Dist. No.	4
		No. Springfield Hospital St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	(IF	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
	Length of residence in city or town where death occurred. 3yrs,emos	/ Pds. How long In U.S. if of foreign birth?yrsmo	sds.
2	2. FULL NAME John II. Nuffington		
	(a) Residence: No. Salisbury Mid. (Usual place of abode)	St., Ward. Aalisbury Md.  If nonresident give city or town and	State
200	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH May 3rd (Month) (Day)	193 / (Year)
5a.	If married, widowed, or divorced HUSBAND of		,,,,,
	(or) WIFE of	22. I HEREBY CERTIFY. That I attended of Micernian 19th, 1927, to May 3 mg	4 .
	DATE OF BIRTH (month, day, and year) September 30 = 1907	I last saw has alive on May 2 nd ,1931	, 19.3./.
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.459. m.	, 000111 13 3010
	23 7 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NO	8. Trade, profession, or particular	were as follows.	Date of onset
3	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ol Sa	
UPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chronic Myocarditis	1928.
959	10. Date deceased last worked at may this occupation (month and 1927 spant in this 2 1/2 occupation	ν	
12.	BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
œ	13. NAME Jonathon & Luffington		
FATHER	14. BIRTHPLACE (city or town)	Name of operation Date of	
FA	(State or country) Md.	What test confirmed diagnosis? Physical Light & Ayunturus. Was there an a	utonsy? ho
ER	15. MAIDEN NAME Rosci C. Parker	23. If death was due to external causes (VIOLENCE) fill In also the following	
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury  Where did injury occur?	
17.	INFORMANT If in spul of State Hospital (Records)  (Address) 24 hervelle, Ind.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BORIAL, CHEMATION, OR REMOVAL Med. Date May 6, 1931	Manner of Injury	
19.	UNDERTAKER / Lely Ason Due. (Address) Sitkesville Mid.	24. Was disease or injury in any way related to occupation of deceased?	W
20.	FILED May 4, 1931 CHarry Meer	(Signed) John Norfolk morra	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	İ	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1001	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				<u> </u>

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN
--------------------------	------------------------------

PLACE OF DEATH	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Carrollton.  2FULL NAME GEORGE Educe	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While (Write the word)	16 DATE OF DEATH  Magazian (Mouth) (Day) (Year)
Fiel 16, 186	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  1 If LESS the l day hr or min or min	s. The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	arteur service augus pertonic 5th allock. (Duration) yrs. 3 mos. do.
9 BIRTHPLACE (State or country) Muryland	Contributory Secondary  (Duration) 20 yrs
10 NAME OF FATHER Samuel Hughes	(Signed) M. D. M.
OF FATHER (State or country) Maryland 12 MAIDEN NAME	State the Disease Causing Death, or, in deatha from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sarch Jockard  13 BIRTHPLACE OF MOTHER (State or Country) Meryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) & herles Hugher	if not at place of dea.h?  Former or usual residence.
(Address) Westminster ha	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5/19, 1931
15 Filed 5/16 1931 411100000000	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) tiried 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The inaterial or At Home, and children, For inany occupations a single word or term on without more precise specification as Day Stationary freman, etc. not gainfully em-But in many

Statement of Cause of Death—Name, first, the Disease COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved telanus) may be stated under the head of "contributory." odrbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Ethaustion," "Heart Indure, Transmus," "Old Age," "Shook, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) American Medical Association.) secident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi by Committee on Nomenclature of the Chronic valvular heart disease; contributory not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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70

	PLACE	OF DEATH			
	County Cal	croll			23
	lage or City	Mar Henryton.			s Sanatorium canch
	2FUL	L NAME Jose	phine Joh	nson	***************************************
	PERSON	AL AND STATIST	ICAL PARTIC	ULARS	MEDICA
	BEX	4 COLOR OR RACE	WIDOWED.		16 DATE OF DEATH
Fe	emale	Colored	OR DIVORCE (Write the work	d)	*******************************
	DATE OF BIRT	Oct., 3 (Month		, 1(Year)	7/16/30 that I last saw h
7 A	AGE	26 yrs. 7	mos. 18 d	If LESS than I day hrs.	The CAUSE OF BEAT
P (t	b) General na usiness, or est	fession or Do	omestic		
P (the w	a) Trade, pro particular kind b) General na usiness, or es	fession or Do le of work ture of industry tablishment in dor (employer)	omestic		Contributory Secondary
P (the w	a) Trade, pro particular kind b) General na usiness, or est rhich employe SIRTHPLACE	fession or Do la fession or la of work ture of industry tablishment in dor (employer)	omestic		Contributory Secondary  (Signed)
P (laborated by the particular)	a) Trade, pro larticular kind b) General na usiness, or est which employe SIRTHPLACE (State or cour	fession or Do la fession or la of work	omestic and p Johnson		Contributory Secondary  (Signed)
P (the w	a) Trade, pro- particular kind b) General na usiness, or est which employe SIRTHPLACE (State or count 10 NAME OF FATHER  II BIRTHPLA OF FATHE	fession or lof work ture of industry tablishment in dor (employer) Maryla Phili  ACE ER COUNTRY) Virginame	omestic and p Johnson		Contributory Secondary  (Signed)
RENTS MG	a) Trade, pro articular kind b) General na usiness, or est which employe BIRTHPLACE (State or cour  10 NAME OF FATHER  11 BIRTHPLA OF FATHE (State or 12 MAIDEN OF MOTH!	fession or Do lot work	and p Johnson nia e Martin		Contributory Secondary  (Signed)
PARENTS	a) Trade, proparticular kind b) General na usiness, or est which employe SIRTHPLACE (State or count 10 NAME OF FATHER 11 BIRTHPLA OF FATHE (State or 12 MAIDEN OF MOTHI (State or 13 BIRTHPLA OF MOTHI (State or THE ABOVE IS	ression or lof work	omestic  and  p Johnson  nia  e Martin  nia	1	Contributory Secondary  (Signed)
PARENTS	a) Trade, pro narticular kind b) General na usiness, or est which employe BIRTHPLACE (State or coun 10 NAME OF FATHER OF FATHE (State or 12 MAIDEN OF MOTHI (State or	ression or lof work ture of industry tablishment in dor (employer) Maryla Phili  Phili  CE ER COUNTRY) Virgi:  NAME ER Lottic ACE ER COUNTRY) Virgi:  THE RES	omestic  and  p Johnson  nia  e Martin  nia	LEDGE Reell,	Contributory Secondary  (Signed)

### STATE OF MARYLAND

CERTIFICATE OF DEATH

are grant attended to	
Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)

St.

05715

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH May 21, 1931 , 192	
(Day)(Year)	
7/16/30 192 to 5/21/31 deceased from 17/16/30	
that I last saw he alive on May 21, 1931	
and that death occurred on the date stated above, atm.	
The CAUSE OF DEATH * was as follows: Pulmonary Tuberculosis	
(Durstion) 1 yrs. 8 21 de.	
Contributory	
(D) (selon)trosde.	
(Signed) Thus Collect, M. D.	
5/21/31 192 (Address) Henryton, Md.	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)	
At place O yrs. 10nos. 5 ds. In the 26rs. 7 mos. 18 ds.	
Where was disease contractaltimore, Md.	
Former or usual residence 306 E. 202 St., Balto., Md.	
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 73, 1931.	
20 UNDERTAKER LAC NOW LOS'GUMOS	

Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimenal laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING HEALTH state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer hoto report specifically the occupations of persons Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a especially in industrial employments, it is neces-Stationary fireman, etc. But in many single word or term on

spinal meningitis"); Diphtheria (avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis pneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death approved by Committee on Nomenclature American Medical Association.) tainnus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need not Chronic interstitial nephritis, Whooping cough; fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease " "Coma," "Convulsions, etc. The contributory valvular heart disease;

answered in detail, it will prevent further correspondence. permanently filed. data is essential this certificate is looked over thoroughly and all questions and must be obtained before the certificate is

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1931

B	d	t is	
MARGIN RESERVED FOR BI	WRITE PLAILF, WITH UNFADING INK-THIS IS A PI	Every item of information should be carefully supplied. ACE standing should state CAUSE OF DEATH in plain terms so that it statement of OCCUPATION is very important.	7
Ω	HIS	lied.	
SVE	T-T	upp terr	É
SEF	INK	ily solaling t. S	2
R	5	in p	
Z	ADII	ATH mpo	9
ARG	INF	Id b	-
Ì	H	hou OF	
	WIT	USE	
		ATI	
	불	forn	
	PL	of in	-
	TE	hount	1
	VRI	S s me	
4		CIAN	
		m - 0	1

PLACE	OF	DEATH

Tuberculosis Sanatorium

05716

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	TITME TAMAS	ANT OFTER DOT	THE O CAT TO COME !
		(Colored	Dranahl
	TToronal	(COTOLEG	Dramen
(:)] C''	Henryton	/87	

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

Howard Larkins **2FULL NAME** 

Time And	PERSONAL	LANDS	TATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	ale	4 COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)		Single ord)	16 DATE OF DEATH MAY 3, I931, , 192 (Month) (Day), (Year)	
6	DATE OF BIRTH					17 I HEREBY CERTIFY. That I attended the deceased from
		May	3, I	931.	1	Mch 23, 1931 192 May 3, 1931 ,192
terror,			(Month)	(Day)	( /	that I last saw h. alive on May 3, I93I , 192
7	4 4	7 yrs.	2	mos. 25	If LESS than I day hrs	and that death occurred on the date stated above, at 30PM m. The CAUSE OF DEATH * was as follows:
18	occupation (a) Trade, profes particular kind o	ssion or of work		Butch	er.	Pulmonary Tuberculosis
	b) General natur ousiness, or estab which employed	re of indu olishment	atry in			(Durstion) O yrs. 5 mos. O ds.
9	BIRTHPLACE (State or country	(Y)	11	aryland		Contributory Secondary  (Division)  TIS. mos de
	10 NAME OF		P	edro La:	rkins	(Signed) M.D. Macle M.D.
RENTS	OF FATHER (State or con		M	aryland		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN NA OF MOTHER		A	nna Fra	nces	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	OF MOTHER (State or Cou		M	aryland		At place 0 of death yrs I mos. IOds. In the 47 yrs 2 mos 5 ds.
14	THE ABOVE IS T	TRUE TO T	HE BEST	OF MY KNOW	WLEDGE	Where was disease contracted, ?????
	(Informant)	Jol	nn E.	O'Neil	1.	Former or usual residence Frederick, Md.
		)	He	nryton		Tran Kell Earchy May G., 1931
15	Filed 5/3/3			Pulle	Much	20 UNDERTAKER ADDRESS ADDRESS Franchick

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer Crestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer. whatever, write None. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The 9 materia Grocery;

Statement of Cause of Death—Name, first, the his-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningits"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; as fracture of skull, "Uraemia, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "" "Weakness," etc., when a definite disease Committee on Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05717
sta UP.	1. PLACE OF DEATH	
ould occ	County alpha	Registration Dist. No.
item of should of OCC	Village or City Leg Revulle	No selen gelaslate de opelando
.7. 0	Length of residence in city or favor where death occurredyrsmos.	death occurred in a hospital or natifution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
RD. Every YSICIANS statement	2. FULL NAME Vigaria Long	W Maddad -
O. E	(a) Residence: No. 2 4/9 Mable asecus	est Vanda seus Parks Mid
	(Basalplace of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A HE HE	3 SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May
TT. T. L.	5a. If married, widowad, or divorced	(Month) (Day) (Yaar)
DING A C T I ssifted	HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That I attended decaasad from
NI RM. X A clas	mercurun - 1850	Jan. 26 ,1901, to May 11, 1991
BINJ PERM EX. Iy cla	6. DATE OF BIRTH (month, day, and year)  7. AGE Yaars Months Days If LESS than	Mass saw here alive on Mass said
FOR B IS A PE stated E properly certificate	7 9 A 1 day,hrs.	to have occurred on the date stated abova, at 2m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	8. Trade, profession, or particular	were as follows:
CD SID HIS	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	erebral arterioscherasis 1921
RESERVED G INK—THII GE should be that it may be ms on back of	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
ER IK-	SAW MILL, BANK, etc	
RES VG IN AGE that i	this occupation (month and spant in this year) occupation	
ZATO	12, BIRTHPLACE (city or town) Manyland	Other Contributory Causes of Importance!
ARGIN JNFADII pplied. terms, so instructi	(State ar country)	eter in the start of the
MARG] UNFA supplied n terms, ee instri	13. NAME Nelson Llay of Cooper	
MA H U sup in te	13. NAME Melson Slayd Cooper  14. BIRTHPLACE (city or town) Maxy Lacid  (State or country)	Name of operation Date of
E	(State of County)	What test confirmed diagnosis? Was there an autopsy?
W W in in ant	15. MAIDEN NAME Cly abella a Shaces  16. BIRTHPLACE (city or town) Makey Land -	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
AINLY, d be car DEATH	16. BIRTHPLACE (city or town)  (Slate er country)	Accidant, suicide, or homicide?
be be imp	Olanhital Regards	Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	17. INFORMANT AND CONTROLL MA	Spoon, and the injury societies in missisting in missistin
Shoul E OF	18. BURIAL, CHEMATION, OR REMOVAL	Mannar of injury
	Masternaylou Dale May 7, 1931	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER N. W. Chambers	24. Was disease or injury in any way related to occupation of deceased?
B. F.	(Address) Hashington De.	If so, specify
STZ	20, FILED May 14, 1931 CHarry Weer	(Signed) M. D. M. D. M. D. M. D.
	Registrar.  If more blanks are needed, address State Registrar,	(Address) A. A. D. M. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merehants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example, ICEIVE	10	Example II	
The principal eause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis   PYPE A TIV	> 1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No.

	PLACE OF DEATH  Sounty famule
Vil	age or City Syperville (No. Spring field
	2 FULL NAME Unnie Mi Gowas
-	PERSONAL AND STATISTICAL PARTICULARS
3 5	Lemale While Single, Single Widowed. OR DIVORCED (Write the word)
6 E	(Month) (Day) (Year)
	36 yrs. // mos. 22 ds. or min.?
Ow Ppi	Trade, profession or ricular kind of work  General nature of industry siness, or establishment in ich employed or (employer)  RTHPLACE (State or country)
	FATHER John Me Yowan
ENTS	OF FATHER (State or country)
PARE	OF MOTHER Mary Pades
1	S BIRTHPLACE OF MOTHER (State or Country)
14 7	(Informant) Los fulat Records
15	Tiled May V 7 19231 Chary West Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME is -stead of street and number.) Ward)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
May 1,6 , 1921
(Day)(Year)
17 I HEREBY CERTIFY, That I attended the deceased fro
Sept. 12 1912 to May 26 , 1931
that I last saw hell alive on May 24 , 1981
and that death occurred on the date stated above, at 7250 n
The CAUSE OF DEATH * was as follows:
Med atti all'ille
Moles exetites a appendición (kum)
Post afusation short - 26 his
(Duration) yrs. mos /3 d
Contributory Secondary
(Duration) IF yes I mos U d
(Signed) John Le Williered M. I
Mary 2 1. 1981 (Address) S. S. Hoth Saluarle gur
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
ients or Recent Residents)
At place of death 16 yrs. 11 mos. 12 ds. In the State. 16 yrs. 11 mos. 12 ds.
Where was disesse contracted, if not at place of dea.h?
Former or usual residence 36 adminal ass. Busidesta, Mid
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Vinisheld Amerila Hisuman 3

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a Compositor, Architect, Locomotive engineer, single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH should Registration Dist. No. County (If death occurred in a hospital or institution, give its NAME instead of street and number) How long to U.S. if of foreign birth? vrs. mos. ds PHYSICIANS Length of residence in city or town where deeth occurred... statement (a) Residence: No. If uonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. OR DtVDRCED (write the word) (Year) ssified. Se. If merried, widowed, or divorced HUSBANO of 22. I HEREBY CERTIFY. Thet I ettended deceesed from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Years Months If LESS than Davs to heve occurred on the dete stated above, et ... or .... min. Date of onset 8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. PAT may 9. Industry or business in which should work wes done, es SILK MILL SAW MILL, BANK, etc ..... 10. Oete deceesed lest worked et 11. Totel time (years) this occupetion (month end spent in this that veer) advant occupation \_\_\_\_ instructions 12. BIRTHPLACE (city or town) (Stete or country) supplied. FATHER 13, NAME See plain 14, BIRTHPLACE (city or town) (Stete or country) Whet test confirmed diegnosis?\_\_\_\_\_ Wes there an europsy?\_\_\_\_ carefully MOTHER 15. MAIOEN NAME important 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: in DEATH 16, BIRTHPLACE (city or town) (State or country) Where did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. plnods very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Neture of Injury. TION 24. Wes diseese or Injury In any wey related to occupation of deceased? 19. UNCERTAKER (Address) If so, specify 20. FILEO MINE (Address) ... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	f death and related danses follows:	Date of onset
Arteriosclerosis	1915	Attack of epilcpsy	1861 7 70	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cercbral hemorrhage	July 5,1927	Peritonilis	FCEINED	-3 days ago
contributory causes of importance:		Other contributory can	ises of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. Housemuid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Julness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness. that fact may be indicated thus; Farmer (re or given up on account of the DISHASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-(a) Foreman, (b) Automobile factory. The material should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician. Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every Statement of Occupation-Precise statement of oc-," etc., report specifically the occupations of persons enor At Home and children, For many occupations a Farm laborer Laborer-Coul mine, etc. Womwithout more precise specification as single word or term on person, irrespective of Locomotive engineer, not gainfully en-As examples: (a) (3) Grocery; Day

Strtement of Cause of Death—Name, first, the Disibate Cause of Death—Name, first, the Disibate Causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrys; inal meningitis"; Linhtheria avoid use of "Croup"); I typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on restetanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," stated unless important. as fracture of skull, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'Congenital," "Samile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; and consequences (e. g., sopsis Example: Measles (disease etc. The contributory Nomenclature not be

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SI-	PLACE OF DEATH	STATE OF MARYLAND		
×× ××	County Carrell	CERTIFICATE OF DEATH		
ed.		Registration Diat. No. 7		
assifi te.	Village or City . Umoutour (No.	St.: Ward) (If death occurred in a hospital or institu-		
EX.	2 FULL NAME Mrd Colard B. My	tion, give its NAME in- stead of street and number.)		
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
ay be propagated back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Marvel OR DIVORCED (Write the word)	16 DATE OF DEATH 5 198 / (Month) (Day) (Year)		
t m	6 DATE OF BIRTH  March 18, 1874  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1 - 1919 to 1 - 193 , that I last saw halive on		
plied. ACE sms so that instructions	7 AGE  Syrs. 2 mos. da.   If LESS than I day hrs. or min.?			
uily supplied plain ter	(a) Trade, profession or particular kind of work  (b) General nature of industry			
	business, or establishment in which employed or (employer)	(Durstion)yrsmosde.		
be caref EATH in importa	9 BIRTHPLACE (State or country) Carrell Co.	Contributory Secondary  (Durstion), yrs		
OF DE 8 very	10 NAME OF THE HOLD THE STATE OF THE STATE O	(Signed) M. D		
CAUSE TION I	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.		
- 4	of Mother Wesca Dayhorf	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
f inform d state	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death		
0 = =	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence		
Every Item CIANS sho statement	(Address) Www Druge Rt	19 Frace of Burial or REMOVAL DATE OF BURIAL MAY 22, 1931		
· BEv	15 Filed May 20 1923/ Margaret P. Engl	20 UN DERTAKER JUST Say Janly Olon, Me		
2	If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1		

(Approved by U. S. Census and American Public Health Association.)

er, etc., Wilnum
laborer, Laborerlaborer, Farm laborer, Laborer-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. household only (not paid Housekeepers who receive a Foreman, For many occupations a (b) Cotton mill; (a) Salesman, (b) Grocery;eman, (b) Automobile factory. The material without more precise specification as Day who are engaged in the duties of the Stationary fireman, etc. But in many single word or term on -Coal mine, etc. Womnot gainfully em-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles;

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If more blanks are needed, address State Registrar, 16

W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully emer," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer. Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, whatever, write Now. Never return "Laborer." "Foreman," "Manager." "Deal-Foreman, d on may form part of the second statement. For many occupations a single word or term on Farm laborer, without more precise specification as Day Stationary fireman, etc. Laborer-Coal mine, etc. Locomotive engineer, But in many The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: "Cordenus in all fener (the only definite synonym is "Epidemic cerebrosinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pressnonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonihes," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," stated unless important. Example: Meusles (disease approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained "Uruemia," "Weakness," etc., when a definite disease "Inanition, "Exhaustion, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinonna, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and quality as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. American Medical Association.) Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; " "Marasmus," "Old Age, "Heart failure," "Haemorrhage, as the cause. Chronic valentar heart discuse; etc. Nomenclature Always qualify all The contributory " Shock," Measles;

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GEIVE MREAU V. ESERVED

MARGIN

### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. The laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, House-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Chronic interstitial nephritis, Whooping (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all approved American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on cough; Chronic etc. valvular heart Nomenclature of the The contributory disease;

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

1931

S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
ried -1 - +	Registration Dist. No. 76
Village or City Westmenstono.	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME Sarah C. 110	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MARRIED, WIDOWED (Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH  May  (Moth)  (Day)  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
April 10 1851	aben 0/1.1 1923. to Truy Ju, 1928],
(Month) (Day) (Year)	that I last saw har alive on mand 5 , 1921,
7 AGE   If LESS than	and that death occurred on the date stated above, at
80 yrs. — mos. 25 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	· · · · · · · · · · · · · · · · · · ·
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) Several Words
which employed or (employer)	Bar X1 10:
9 BIRTHPLACE (State or country) 1	Contributory O. M. M. S. W. L. L. L. L. Secondary
maryland	(Duration) Syrs mos ds.
10 NAME OF William Grumbine	(Signed) C Job Sellingella M. D. 5/7 1981, (Address) Westings
OF FATHER (State or country) maryland	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER margret Cook	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER 7	At place In the
(State or Country) maryland	of deathyrsmosds. Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Clinton Cook	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Westminster md	Sociders 5/8 , 1931
Filed V 3 192/ HWoodws	20 UNDERTAKER ADDRESS - N.

05724

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of Statement report specifically the occupations of persons en-Foreman, (b) Automobile factory. The inaterial For many occupations a single word or term on without more precise specification as Day of Occupation-Precise statement of oc-Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEARTY (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n. ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Inanition," "Heart failure," "Haemorrhage, "Thanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia, ""Weakness," etc., when a definite disease (secondary or intercurrent) affection need Whooping cough; "Atrophy," "Collapse, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic " "Coma," "Convulsions, valvular heart disease; etc. The contributory not be

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4

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

S. Mo. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(33)
County Carroll	Registration Dist. No.
Village or City Dyklsville	No. Springfield state Hospital St., Ward
Length of residence in city or town where death occurred / yrs, 3 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Charles G. Roby	ds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 1432 Hawker.	n at y
(Usual place of abode)	St., Ward. Baltimon, Ind.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lingle.	21. DATE OF DEATH May 30 193 / (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from  Furnary 26, 1930 to han 30 2 193/
6. DATE OF BIRTH (month, day, and year) Oxober 30 1899	I last saw hun alive on May 30 193/; death is sald
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 10-36 Am.
2/ 7 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Truck Dryer SAWYER, BDOKKEEPER, etc.	Date of oneat
	Tulmonary Tuberoulous lank.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	Reported
10. Data deceased last worked at this occupation (month and murch spent in this / o	may
year)	27/4
12. BIRTHPLACE (city or town) inhurn	Dther Contributory Causes of importance:
(State or country) Md.	Chrome Myscarditis 1930
13. NAME Charles Roby	
4 14. BIRTHPLACE (city or town) Linkwin	Name of operation home Date of
(State or country) Md  2 15. MAIDEN NAME Verbuica Washruch.	What test confirmed diagnosis? Aborday & Physical . Was thar an autopsy? No
	23. If death was dua to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Makerown (Stata or country)	Accidant, suicida, or homicide? Date of injury
17. INFORMANT Springfula otale Hospital / Records)	Whera did injury occur?
(Address) Lukesville md	Specify whether injury occurred in INDUSTRY, IN HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date June 1931	Nature of injury
19. UNDERTAKER Co. Hornard Evous (Address) parliment Wild.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 30, 1931 Cottony Meser Registrar.	(Signed) John Norfolk Morris. M. D. (Address) (1. J. H.) Sykewill, md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IIIN A 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street ear	1 week ago
Corebral hemorrhage   RUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
WITHIR COLDON	Registration Dist. No. 2
Village or City Westminster (No.	Perm. av. St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Marcella Eugu	ne Schaeffer steed of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5 SINGLE, MARRIED. IN arried OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , 199 (Month) May (Day) Z/- (Year) 93
Ful 23 1.853 (Month) (Day) (Year)	HEREBY CERTIFY, That I attended the deceased from 193/ to 193/ 193/ 193/ 193/
7 AGE  7 9 yrs. 2 mos. 23 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or House Wife particular kind of work House Wife	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)  Maryland	Contributory Secondary Secondary June Duration June 3
10 NAME OF Joseph Delloff	(Signed) M. D. M.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Vicient Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Weryland	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) has Lither Weimert	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Westminster Ind	12 Niders 5/24 1932
15 Filed V 23 102/ Mac Registrar	Bankard +son Weekminster.
If more blanks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. gaged in domestic service for wages, as Scrvant, Cook, work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEAR : (VUSING BEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal flegr (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary unqualified, is indefinite); Tuberculosis of lungs, mon-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Weakness," etc., when a definite disease or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

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					1572	š	
		OF DEATH			23)	STATE OF	MARYLAND
•	County C					CERTIFICATI	E OF DEATH
		Md. Tube	erculosis s			Registration	Dist. No. 74
Vil		Henryton	(Colore		ich)	St.: Ward	(if death occurred in a hospital or institution, give its NAME is stead of street an number.)
-	PERSO	NAL AND STATIST	ICAL PARTICUL	.ARS	MED	ICAL CERTIFICATE	OF DEATH
	ex emale	4 COLOR OR RACE Colored	S SINGLE.  MARRIED.  WIDOWED.S 11  OR DIVORCED  (Write the word)	ngle	16 DATE OF DEAT	<sup>TH</sup> May 19, 193	I. 192
6 0	DATE OF BIR				4/29/31 HERE	BY CERTIFY, That I at	tended the deceased from
		Apr. 9, IS		(Year)	that I last some h	er 5/I9/	3I/, 192
7 A	AGE	15 yrs. I	[1	fLESS than	and that death oc	curred on the data state.	d abov 7, a 20 P. M.
8 0	a) Trade, pr				Pulmonar	y Tuberculosi	S
bi	usiness, or e	ature of industry stablishment in red or (employer)	****			(Durstion)	yre I mos O de
9 8	State or co		Carolina		Contributory Secondary	Durdial	mos de
1	10 NAME C		e Shambley		(Signed)	Thus	Drew M. D
ENTS	OF FATH (State of	FP	bama.			Disease Causing Death, state (1) Means of it all or Homicidal.	or, in deaths from njury and (2) Whether
PARE	12 MAIDEN		via Washin	gton.	18 LENGTH OF	RESIDENCE (For Hospi	tais, Institutions, Trans
	13 BIRTHPI OF MOTH	co	h Carolina	•	At place O yrs. O	mos 20 ds. In the	te I5 yrs. I mos I Ods
4 1	THE ABOVE	IS TRUE TO THE BEST	OF MY KNOWLED	GE	Where was disease c	ontracted. ????	======================================
	(Informant	John E.	O'Neill	٠		Baltimore M	
		ress) Hen				VILLA COLLEG	BATE OF BURIAL
15	Filed 5/IS	0/3I. <sub>192</sub> Dep	Local	eelly	2 UNDERTAKER	+ Skewsley	ADDRESS STR
						Baiton Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ary), 10 ds. Never report mere symptoms or terminal inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menvulsions." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (mcrely eausing death), 29 ds.; Bronchopncumonia use of "Tumor" for malignant neoplasms); Measles; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." ctc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropay," "Edunation," "Heart failure." "Hacmorstated uuless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. ...... (name orlgin; "Cancer" is icss definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Polsoned by carbolic acid-probably suicide. The untrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway taken. For "Puerperal septicaemic," "Puerperal peritonitis," Whooping cough; "Debility" ("Cougenital," "Sentle," etc.), VIOLENT DUATHS State MEANS OF INJUBY Chronic valvulur heart disease; (Recommendations on state Example: Mcasles (disease The contributory "Coma," (second-

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
BINDING	PERMANENT	EXACTL	y classified.	to
FOR	IS A I	stated	properl	cartifica
MARGIN RESERVED FOR BINDING	H UNFADING INK-THIS	y supplied. AGE should be	ain terms, so that it may be	NION is work important See instructions on back of certificate
1	-WRITE PLAINLY, WIT	nation should be carefully	CAUSE OF DEATH in pla	TION is very important

		STATE	OF N	MARY	YLAND-	CERTIFICATE OF DEATH	729
1.	PLACE O					23)	/
	County Carroll					Registration Dist. No.	4
		ity Lykesi		urred	() yrs,2mo	No. Imm speld state Hospital St., if death occurred in a porpital or institution, give its NAME instead of street and n s. / ds. How long in U.S. if of foreign birth? 3 0 yrs. thick, mo	Ward umber) s. Usek ds
2	. FULL NA	ME Muchae	el Sm.	der			
	(a) Residen		1	sual place o	of abode)	St., Ward. Bullimore Md  If nonresident give city or town and	State
	PERSON	IAL AND STATI	STICAL	PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	nale	4. COLOR OR RACE	OR	GLE, MARI DIVORCED Mass	RIED, WIDOWED, O (write the word) we d	21. DATE OF DEATH May 2/ (Month) (Day)	, 193 / (Year)
5a.	If married, widow HUSBAND of (or) WIFE of		hnou	n		22. I HEREBY CERTIFY, Thet I attended of	deceased from
6. D	ATE OF BIRTH	(month, day, and year)	link. Un	h. 1	1884.	I last saw ham alive on may 2/1 193/	; death is sai
7. A		rs Months	s	Days Vinnen	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, et_8.4.5.12.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
OCCUPATION	9. Industry or work was	ssion, or particular vork done, as SPINNER, BOOKKEEPER, etcbusiness in which s done, as SILK MILL, L, BANK, etced last worked at pation (month and 19				Pulmonary Tuberoulous	Reportes
	BIRTHPLACE (cit (State or cour	ty or town) Rus		span occu	petion 28 yrs	Other Contributory Causes of Importance:	
ER.	13. NAME 2	annel 2	nyder	,			
FATHER		(city or town)	Russia	,		Neme of operation Tivil Date of	utopsy? No
ER	15. MAIDEN NA	7	ruvun			23. If death was due to external causes (VIOLENCE) fill in elso the following	
MOTHER		(city or town)	Russia	i		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.	INFORMANT	mapeld Har	t. /Krofus	tal [/i	icordo]	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMAT	ON, OR REMOVAL	A. Date	Ma	423,1931	Manner of injury  Nature of injury	
19.	UNDERTAKER (Address)	Jack X Balli	wi	2	nd.	24. Was disease or injury in any way related to occupation of deceased?	no
	FILED Wa	425 310	Mar	wi	reev	(Signed) John norfolk morres	M. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I.	ED	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Lample I	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	c1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County Castoll	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City? Westminister (No	St.: Ward) (If death occurred a hospital or institution, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED WIDOWED  WIDOWED  OR DIVORCED  (Write the word)	16 DATE OF DEATH Muy 25-, 1983/
Jan. 1859 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923 to 1925, 1925, 1925, 1925
7 AGE    If LESS that   day hrs   day hrs   or min.;	The CAUSE OF DEATH * was as follows:
(a) Trade, profession of armor particular kind of work armor (b) General nature of industry business, or establishment in	mepurano.
which employed or (employer)	Contributory Could Coulding Secondary  (Duration) yrs, mos.
10 NAME OF FATHER Henry Stephan	(Signed) Cha R Joule M.  May 26 1923 I (Address) MEARITMENT
OF FATHER (State or country)  12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER  13 BIRTHPLACE OF MOTHER (State or Country) Md.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrs
(Informant) John Sthhan	Where was disesse contracted, if not at place of dea h?  Former or usual residence
(Address) Westminster Md.	Driebere Com. May 3, 193.
Filed 1/2 / 101/ 2/ceros Registrat	11 ankare lan Wasminster he

AS .

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servoy, Cabl., Housemuid. etc. If the occupation has been changed work, or Al Home, and children, not gainfully em-ployed, as Al school, or Al home. Care should be taken laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, r," etc., report specifically the occupations of persons en-Foremon, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinalfever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> earbolic acid-probably suicide. The nature of the injury, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicaemia," "PUERPERAL perilonitis," "Inanition," "Heart failure," Isaemorrange, "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonacum, etc., Carcinoma, Sorcoma, etc., of approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all qu stions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

BINDING

RESERVED

8. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the dcccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II				
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
1915	Attack of epilepsy [66]	Yweek ago			
1921	Run over by street car	1 week ago			
July 5,1927	Peritonitis 03/	Julays ago >1			
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year			
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING	NLT, WITH UNFADING INKTHIS IS A PERMITENT	ormation should be carefully supplied. ACE should be stated
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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
The state of the s	
11+	Registration Dist. No.
Village or City MMMIMM (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH MA, 1 - The
Mul Whit Wilowed. Single OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 15th, 1421	may 10 1931. 10 (May 15th, 1921).
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE Shill-brith . If LESS than I day hrs.	and that death occurred on the date stated above, at
yrsds. ormin.?	The CAUSE OF DEATH * was as follows;
PS-OCCUPATION	fell a - U Se blid
(a) Trade, profession or particular kind of work	\$0000000000000000000000000000000000000
(b) General nature of industry	
business, or establishment in	(Duration)yrsmosde.
Which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Currell to, md.	Secondary (Duration) (Duration) des.
10 NAME OF SUMME DUKENT.	(Signed) Jethery Jenty M. D. M. D. M. M. D. (Address) New Handson Mil
OF FATHER  (State or country)  Muylur	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TE MAIDEN NAME	
of MOTHER CLAIN Wander	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER Many 1111	At place of death yrs nos ds. State yrs nos ds.
(State or country)	Where was disease contracted, if not at place of desth?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Summer J. WWM	usual residence
(Address) MWW Masn Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 16, 1981
15 Filed May 20 1921 Margaret Registral	20 UN DERTAKER TINSO VON Janeylom
If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING-DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, For many occupations a single word or term on especially in industrial employments, it is necesor industry, and therefore an Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic celebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anacmia" (mercly symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid Chronic Example: Mcasles (disease :hopneumonia (secondary), etc. The contributory affection need valvular heart disease; Always qualify all not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

### STATE OF MARYLAND—CERTIFICATE OF DEATH

	-	ú	0		v	
1	C	1	3	2	9	
v	0	W	U		,	

A 1/1	
County Carroll Registration Dist. No. 75	
Village or City Manchester No. St.	Ward
(If death occurred in a hospital or institution, give its NAME instead of street and num	per)
Length of residence in city or town where death occurredyrsmosds. How long to U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME Ellen G. Wenly	
(a) Residence: No. // St., Ward.  (Usual place of abode) St., Ward.	
(Usual place of abode)  If nonresident give city or town and Stat  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH	B minorapi omerali
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
Temale White OR DIVORCED (write the word) May 29 19	33/
Sa. If married, widowed, or divorced.	(Year)
HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, That I attended dece	
19 31 to May 29	
6. DATE OF BIRTH (month, day, and year) Dec. 8, 1859   I last sawh alive on 11   1   1   1   1   1   1   1   1   1	alh is sald
7. AGE Years Months Days If LESS than to have occurred on the date steted above, at	
were as follows:	te of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER PROPERTIES AND A	7
9. Industry or business in which	C
work was done, as SILK MILL, SAW MILL, BANK, etc.	· C
10. Date deceased lest worked at this occupation (month and spent in this	
year) occupation Other Contributory Causes of Importance :	
12. BIRTHPLACE (city or town)	
(State or country) Maryland	
13. NAME Paul Peinecke  14. BIRTHPLACE (city or town)  Name of operation  Date of	
f 4. BIRTHPLACE (city or town) Date of Date of	
What test confirmed diagnosis? Was there an autop	sy? 200
15. MAIDEN NAME   23. If deeth was due to external causes (VIOLENCE) fill in also the following:   16. BIRTHPLACE (city or town)   Date of injury   Date of i	
To least the contract of the c	, 19
Where did injury occur?	
(Specify city or town, county and State)  17. INFORMANT 7770. A arway Wertze Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Monchester	
18. BURIAL, CREMATION, OR REMOVAL Place Harvey Pa Date May 3/ 193/ Manner of injury	
Place O 10 Date 1 100 Value of injury	
19. UNDERTAKER 24. Was disease or injury In any way related to occupation of deceased?	
(Address) Manchester M. If so, specify	
20. FILED TAP 30 , 1931 No. 77 . T. S. Newell (Signed) (Address) In a shalle ma	7M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

BURE

Example I		Example II	SAG
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	Tweek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Cer contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N'B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

S. No. 1

SIAIE	F MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH		Desired No. 79
County County	DPI M	Registration Dist. No.
Village or City Denn	ugs, 1.7. D. 11.	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where d	leath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME Faulin	e a Wetzel	.,
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SER 4. COLOR OR RACE Timale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May = 193/(Yaar)
5a. If married, widowed, or divorced		, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of Occutione	retael.	Jes. 1 HEREBY CERTIFY. That I attended decased from
10	202-5-23.	last saw h e alive on thong to 8 198 1 death is sai
6. DATE OF BIRTH (month, day, and year) / 9 7. AGE Years Months	Devs   If LESS than	to have occurred on the data stated above, at J. P. m.
29 0	6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewife,	Pulmonary I her cultain 192
9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc		
10. Date daceased last worked et this occupation (month end year)	11. Total tima (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) - Mary	claud.	Other Contributory Causes of importance:
13. NAME Sesse a. Flic	kinger	
13. NAME State Or. File  14. BIRTHPLACE (city or town)  (State or country)	rybaned.	Namo ef operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Succe )	In Olive	23. If death was due to external causes (VIOLENCE) fill in also the following:
E		Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	ryland.	Where did injury occur?
17. INFORMANT Clinton Medical (Addrass) P.F.D. Mestin	etzel,	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECO CLEMENTO COMP	Ty. Data May 3/=193/	Manner of injury
19. UNDERTAKER L. M. Wals (Address) Hinfield	3, ned.	24. Wes disease or injury in eny way related to occupation of decaasad?
20. FILED May 30,1931 6.	M. Farver	(Signed) M. (Address) New Www. A. M.
If more	blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	and the same of th	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
A DUREAU V	18			
Amberglas Co.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MOTHER FATHER

V. S. No. 1

S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	05735		
1. PLACE OF DEA				108	h /		
County Car	roll.			Registration Dist. No.	74		
Village or City	1		(lf	No. Mmgfilld Male Hospital St. death occurred in a hospital or institution, give its NAME instead of street	ward and number)		
Length of residence in o	ity or town where de	ath occurred 4	yrs 8 mos	22 ds. How long in U.S. if of foreign birth?yrs	mosds.		
2. FULL NAME	Richard	Will	ett				
(a) Residence: No.		(Usual place	of shode)	St., Ward. Punce Seongs Coul from Seongs Coul			
PERSONAL AI	ND STATISTIC		AND DESCRIPTION OF THE PERSON	MEDICAL CERTIFICATE OF DEAT	Commence of the Commence of th		
3. SEX 4. COL	OR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH may 1/4 (Day)	, 193 / (Yaar)		
5a. If marriad, widowed, or div HUSBAND of (or) WIFE of	Unkn	non		22.   HEREBY CERTIFY, That latter angust 192 1911, 10 May 11 "			
6. DATE OF BIRTH (month, da	y, and year) Unh	. Unk.	1850		3 ( ; death is said		
7. AGE Yaars	Months	Days	If LESS than	to have occurred on the data stated above, at 7.28 P.m.			
80	+	+	1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
8. Trada, profession, or paid work done SAWYER, BOOKKE	erticular , as SPINNER, FPER etc	Farme	ν	Lobar Pneumoma	may 54		
9. Industry or business i work was dona, as SAW MILL, BANK,	n which			J	1931		
10. Date deceased last we this occupation (myear)	orked at lunknon	11. Total t	ime (years) nt in this <i>impuos</i> upation				
12. BIRTHPLACE (city or town (State or country)	, Charles lo	unty.		Other Contributory Causes of importance:			
1		-		Cerebral arterioscleroses	1926.		
13. NAME Zeon	ze It illet	<i>t</i>					
13. NAME 2cm 14. BIRTHPLACE (city or to (State or country)	own)	id		Name of operation how Data What test confirmed diagnosis? Physical Cigus Was there	of an autopsy? No		
15. MAIDEN NAME	inkuvun	/		23. If death was dua to external causes (VIOL ENCE) fill in also the follo	owing:		
15. MAIDEN NAME U	own)	md.		Accident, suicide, or homicide? No Date of injury 19 Where did injury occur?			
17. INFORMANT Shringf (Address)	uld state of	shed!	Reards)	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI			
18. BURIAL, CREMATION, OR REMOVALULA Date Way 14, 1931			414,1931	Manner of injury			
19. UNDERTAKER (Address)	ely + F	elle.	rud;	24. Was disease or injury in any way related to occupation of deceased	no no		
20. FILED May 12	1931 4	larry	Well Registrar.	(Signed) John Worfolk Mor (Address) (S.S.M.) Sy herolly, m	ns 'M.D.		
	7.0						

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of onset			Example II		
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JUN 4 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	BURBAN	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DURBAU V	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
Other contributory causes of Gallstones	importance:	May 1,1928		1 y	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Type in domestic service for wages, as keremit Cook, Hogemuid, etc. If the occupation has been changed tigredi. 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business; that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or Atthorne. Care should be taken laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in Physician, c," etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The materia Salesman. Locomotive engineer, (b) Grocery,

Strtement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accented to time and causation), using always the same accented to time and causation), using always the same accented to time and causation), using always the same accented the form of the same disease. Examples: Cerebrosynial capped the only definite synonym is 'Epidemic cerebrosynial meningitis', Diphtheria (axoid use of "Croup"); Typicial feed (never report 'Typhoid Preumonia'); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of mas fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." carpolic acid-probably suicide. The nature of the injury, "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Nanaition," "Marasmus," "Old Age," "Shock," stated unless important. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) approved by accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonihis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or Whooping use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJULY perilonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, resulting from childbirth or misearriage as cough; Committee on intercurrent) affection need not be Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles ;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the tata is essential and must be obtained before the certificate is permanently filed.

Dermanently filed.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institution, give its NAME in-

number.)

MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: .(Duration) .... \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) in the State Where was disease contracted, if not at place of dea.h?.....

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, 'Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enlaborer, Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably swicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY 'Congenital," "Senile," etc.), "Dropsy,
""Heart failure," "Haemorrhage, Chronic valvular heart disease, etc. The contributory Nomenclature

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REAU